

NRI / MHSIP Inpatient Consumer Survey

Unit ID: _____ Survey No.: _____ Date: _____
(MM/YY)

In order to provide the best possible mental health services, we need to know what you think about the services you received during this hospital stay, the people who provided it, and the results. Please indicate your **level of disagreement or agreement** with each of the statements below. Your answers are confidential and will not influence the services you receive. **CIRCLE THE NUMBER** in the box that best describes your answer. There is space at the end of the survey to comment on any of your answers.

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
<i>As a direct result of the services I received</i>						
1. I am better able to deal with crisis.	1	2	3	4	5	NA
2. My symptoms are not bothering me as much.	1	2	3	4	5	NA
3. The medications I am taking help me control symptoms that used to bother me.	1	2	3	4	5	NA
4. I do better in social situations.	1	2	3	4	5	NA
5. I deal more effectively with daily problems.	1	2	3	4	5	NA
<i>During my hospital stay:</i>						
6. I was treated with dignity and respect.	1	2	3	4	5	NA
7. Staff here believed that I could grow, change and recover.	1	2	3	4	5	NA
8. I felt comfortable asking questions about my treatment and medications.	1	2	3	4	5	NA
9. I was encouraged to use self-help/support groups.	1	2	3	4	5	NA
10. I was given information about how to manage my medication side effects.	1	2	3	4	5	NA
11. My other medical conditions were treated.	1	2	3	4	5	NA
12. I felt this hospital stay was necessary.	1	2	3	4	5	NA
13. I felt free to complain without fear of retaliation.	1	2	3	4	5	NA
14. I felt safe to refuse medication or treatment during my hospital stay.	1	2	3	4	5	NA
15. My complaints and grievances were addressed.	1	2	3	4	5	NA
16. I participated in planning my discharge.	1	2	3	4	5	NA
17. Both I and my doctor or therapist from the community were actively involved in my hospital treatment plan.	1	2	3	4	5	NA
18. I had an opportunity to talk with my doctor or therapist from the community prior to discharge.	1	2	3	4	5	NA
19. The surroundings and atmosphere at the hospital helped me get better.	1	2	3	4	5	NA
20. I felt I had enough privacy in the hospital.	1	2	3	4	5	NA
21. I felt safe while I was in the hospital.	1	2	3	4	5	NA
22. The hospital environment was clean and comfortable.	1	2	3	4	5	NA

	Strongly Disagree	Disagree	I am Neutral	Agree	Strongly Agree	Does Not Apply
23. Staff were sensitive to my cultural background.	1	2	3	4	5	NA
24. My family and/or friends were able to visit me.	1	2	3	4	5	NA
25. I had a choice of treatment options.	1	2	3	4	5	NA
26. My contact with my Doctor was helpful.	1	2	3	4	5	NA
27. My contact with nurses and therapists was helpful.	1	2	3	4	5	NA
28. If I had a choice of hospitals, I would still choose this one.	1	2	3	4	5	NA

Please answer the following questions to let us know a little about you.

29. Age

☐ 13-17

☐ 18-24

☐ 25-34

☐ 35-54

☐ 55-64

☐ 65 and older

**32. Length of Stay
(This episode)**

☐ 1 week or less

☐ 1 month or less

☐ 3 months or less

☐ More than 3 months

34. Marital Status

☐ Never Married

☐ Married

☐ Separated

☐ Divorced

☐ Widowed

30. Gender

☐ Male

☐ Female

**33. Race/Ethnicity
(check one)**

☐ Native American/Alaskan Native

☐ Asian/Pacific Islander

☐ African American

☐ Hispanic/Latino

☐ White/Caucasian

☐ Other

35. Legal Status

☐ Voluntary Patient

☐ Voluntary by parent, guardian, etc.

☐ Involuntary: Civil

☐ Involuntary: Criminal

☐ Involuntary: Juvenile Justice

☐ Other: _____

31. I am completing this survey at discharge?

☐ Yes

☐ No

Comments:

Please return the completed survey to the facility. Thank you for your response.